



North Dakota

Application For Sales Tax Exemption Certificate

Office Use Only

Office of State Tax Commissioner
Income, Sales & Special Taxes
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

See the *Exempt Organizations* guideline for more detail
about organizations that qualify for a sales tax exemption on
purchase transactions.

This application should be filed only by federal, state, or local governments; federal corporations; schools; hospitals, nursing homes, intermediate care facilities, basic care facilities, and emergency medical service providers licensed by the State Department of Health; voluntary health associations recognized by the National Health Council; and assisted living facilities licensed by the Department of Human Services.

Name	Name of Organization			
	Federal Identification Number (FEIN)		Phone Number	
Location	Street Address	City	State	Zip Code
Mailing Address (If Different From Above)	PO Box or Street Address	City	State	Zip Code
Type of Organization (Check One)	<input type="checkbox"/> Federal Government <input type="checkbox"/> State <input type="checkbox"/> County or Township <input type="checkbox"/> City			
	<input type="checkbox"/> Public or Private School, College or University <input type="checkbox"/> Voluntary Health Association			
	<input type="checkbox"/> Intermediate Care Facility (ND Department of Health license no. _____)			
	<input type="checkbox"/> Assisted Living Facility (ND Human Services license no. _____)			
	<input type="checkbox"/> Basic Care Facility (ND Department of Health license no. _____)			
	<input type="checkbox"/> Emergency Medical Services Provider (ND Department of Health license no. _____)			
	<input type="checkbox"/> Hospital (ND Department of Health license no. _____)			
	<input type="checkbox"/> Skilled Nursing Facility (ND Department of Health license no. _____)			
	Provide explanation of primary function of organization _____			

(1) Does the organization hold a sales and use tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(2) Does the organization make any retail sales? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Authorized Purchasing Agent _____				
Name _____ Title _____ Phone Number _____				

I certify that the above statements are correct to the best of my knowledge and belief and that I am authorized to sign this application.

Signed _____ Title _____

Print Name _____ Date _____

IMPORTANT: The Certificate of Exemption, if granted, applies to purchases only. It does not apply to the sale of tangible personal property. As soon as your application is approved, a Certificate will be mailed. This certificate must be retained by you and a copy of your certificate must be furnished to all suppliers or retailers at the time of purchase.